



Hepatitis C, acute

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster
Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Discrete onset of symptoms

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ Pale stool, dark urine (jaundice)

Onset date ____/____/____

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Loss of appetite (anorexia)

☐ ☐ ☐ ☐ Fatigue

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date ____/____/____

OB name, address, phone: _____

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Complications, specify: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Documented immunity to hepatitis A (due to either vaccination or previous infection)

Number of doses of HAV vaccine in past: ____

☐ ☐ ☐ ☐ Documented immunity to hepatitis B (due to either vaccination or previous infection)

Number of doses of HBV vaccine in past: ____

Laboratory

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ Hepatitis A IgM (anti-HAV)

☐ ☐ ☐ ☐ ☐ Hepatitis B core antigen IgM (anti-HBc)

☐ ☐ ☐ ☐ ☐ HBsAg

☐ ☐ ☐ ☐ ☐ HCV RNA by nucleic acid testing

☐ ☐ ☐ ☐ ☐ HCV RIBA (recombinant immunoblot assay)

☐ ☐ ☐ ☐ ☐ Anti-HCV with signal to cut-off predictive of true positive

☐ ☐ ☐ ☐ ☐ Alanine aminotransferase (ALT) > 400 IU/L

☐ ☐ ☐ ☐ ☐ Genotyping performed

Results: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ Other _____ ☐ Unk

INFECTION TIMELINE

Enter jaundice onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-180 -14

Contagious period*

1+ weeks prior, to indefinite period after, onset

Calendar dates:

* Lifelong if chronic infection

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis C case
☐ Household ☐ Sexual ☐ Needle use
☐ Casual contact ☐ Other: _____
- ☐ ☐ ☐ ☐ Birth mother has history of hepatitis C infection
- ☐ ☐ ☐ ☐ Birth mother - HBsAg positive
- ☐ ☐ ☐ ☐ Congregate living Type: _____
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Hospitalized during exposure period
- ☐ ☐ ☐ ☐ Any medical or dental procedure:
- ☐ ☐ ☐ ☐ Hemodialysis
- ☐ ☐ ☐ ☐ IV or injection as outpatient
- ☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates) Date of receipt: __/__/__
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient, date: __/__/__
- ☐ ☐ ☐ ☐ Dental work or oral surgery
- ☐ ☐ ☐ ☐ Non-oral surgery Type: _____
- ☐ ☐ ☐ ☐ Acupuncture
- ☐ ☐ ☐ ☐ Employed in job with potential for exposure to human blood or body fluids Job type: _____
☐ Public Safety ☐ Health care (e.g. medical, dental, laundry) ☐ Tattoo or piercing ☐ Other
Frequency of direct blood or body fluid exposure
☐ Frequent (several times weekly)
☐ Infrequent ☐ Unknown
- ☐ ☐ ☐ ☐ Employed in dialysis or kidney transplant unit
- ☐ ☐ ☐ ☐ Accidental parenteral exposure to blood
- ☐ ☐ ☐ ☐ Accidental non-intact skin or mucous membrane exposure to blood

Y N DK NA

- ☐ ☐ ☐ ☐ Body piercing
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Tattooing
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Other body modification (e.g. scarification)
- ☐ ☐ ☐ ☐ Shared razor, toothbrushes or nail care items
- ☐ ☐ ☐ ☐ Non-injection street drug use
Shared equipment non-IDU ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Injection street drug use, type: _____
Shared injection equipment ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Born outside US
- ☐ ☐ ☐ ☐ Household or sexual contact from endemic country, specify country: _____
- ☐ ☐ ☐ ☐ Any type of sexual contact with others **during exposure period**
female sexual partners: _____
male sexual partners: _____
lifetime total sexual partners: _____
- ☐ ☐ ☐ ☐ Physical assault on exposed person involving blood or semen
- ☐ ☐ ☐ ☐ Ever diagnosed with an STD
Treated for STD ☐ Y ☐ N ☐ DK ☐ NA
Year of most recent treatment: _____
- ☐ ☐ ☐ ☐ Other blood or body fluid exposure
Other exposure source: _____

How was this person likely exposed to the disease:

- ☐ Sexual contact ☐ Illicit drugs ☐ Medical/dental procedure
☐ Nonsexual close contact ☐ Other ☐ Unknown
☐ Multiple risk factors

Where did exposure probably occur?

- ☐ U.S. but not WA (State: _____)
- ☐ In WA (County: _____)
- ☐ Not in U.S. (Country/Region: _____)
- ☐ Unknown

Exposure details: _____☐ No risk factors or exposures could be identified☐ Patient could not be interviewed**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as health care worker, if yes: Employed in a job with human blood exposure: ☐ Several times a week ☐ Infrequently ☐ No ☐ Unknown
- ☐ ☐ ☐ ☐ Patient in a dialysis or kidney transplant unit
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: __/__/__
Agency and location: _____
Specify type of donation: _____

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
- ☐ Should be counseled on measures to avoid transmission
- ☐ Recommend hepatitis A vaccination if at risk and susceptible
- ☐ Recommend hepatitis B vaccination if at risk and susceptible
- ☐ Other, specify: _____

Investigator _____

Phone/email: _____

Investigation complete date __/__/__

Local health jurisdiction _____

Record complete date __/__/__